

PATENT FEE REQUEST

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PTO/SB/81 (10-2000)

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/728,602
Filing Date	12/1/2000
First Named Inventor	Illingworth, Lewis
Group Art Unit	3745
Examiner Name	TBA
Attorney Docket Number	120-084

I hereby appoint:

Practitioners at Customer Number [redacted]

OR

Practitioner(s) named below:

Name	Registration Number
John W. Olivo, Jr.	35,634
John F. Ward	33,811

Place Customer
Number Bar Code
Label here

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:
 The above-mentioned Customer Number.

<input checked="" type="checkbox"/> Firm or Individual Name	Ward & Olivo		
Address	Suite 300		
Address	382 Springfield Avenue		
City	Summit		
Country	U.S.A.		
Telephone	(908) 277-3333	Fax	(908) 277-6373
State	New Jersey	Zip	07901

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Lewis Illingworth

Signature X

Date 7 March 01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit one form if more than one signature is required, see below.

Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
PTO/SB/81 (10-2000)

U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE
Information Disclosure Statement (77 FR 46462, 7/17/2012) (6/2012)
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number _____ OR Correspondence address below

Name: Ward & Olivo

Address: Suite 300

Address: 382 Springfield Avenue

City: Summit

State: New Jersey

ZIP: 07901

Country: U.S.A.

Telephone: (908) 277-3333

Fax: (908) 277-6373

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Lewis

Family Name
or Surname

Inventor's
Signature

Date

March 01

Residence: City

Kensington

State NH

Country USA

Citizenship USA

Mailing Address

14 Laurel Lane

Mailing Address

City Kensington

State NH

ZIP 03833

Country USA

NAME OF SECOND INVENTOR:

A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Family Name
or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → +

PTO/SB/01 (10-00)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	120-084
First Named Inventor	Illingworth, Lewis
COMPLETE IF KNOWN	
Application Number	09 / 728,602
Filing Date	12/1/2000
Group Art Unit	3745
Examiner Name	TBA

As a below named Inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Lifting Platform

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) 12/1/2000 as United States Application Number or PCT International

(if applicable).

Application Number

09/728,602

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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